

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Owen Bailey, et al.

Docket No.

DP-302920

Serial No.
09/927,718Filing Date
August 10, 2001Examiner
A. SoderquistGroup Art Unit
1743Invention: **DIAGNOSTIC SYSTEM FOR MONITORING CATALYST PERFORMANCE**RECEIVED
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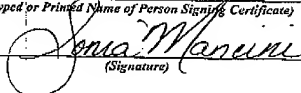
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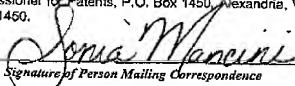
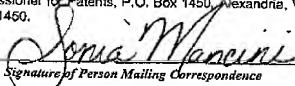
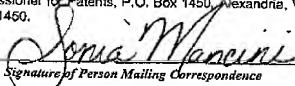
I hereby certify that this Amendment Trans. Letter (1 pg), Amendment (12 pgs) & Copy of 1449 (1 pg)
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (703) 872-9306)on January 8, 2004
(Date)

Sonia Mancini

(Typed or Printed Name of Person Signing Certificate)


(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DP-302920							
Applicant(s): Owen Bailey, et al.											
Serial No. 09/927,718	Filing Date August 10, 2001	Examiner A. Soderquist	Group Art Unit 1743								
Invention: DIAGNOSTIC SYSTEM FOR MONITORING CATALYST PERFORMANCE											
<u>TO THE COMMISSIONER FOR PATENTS:</u>											
Transmitted herewith is an amendment in the above-identified application.											
The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE						
TOTAL CLAIMS	28 -	25 =	3 x	\$18.00	\$54.00						
INDEP. CLAIMS	4 -	3 =	1 x	\$86.00	\$86.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$140.00						
<p><input type="checkbox"/> No additional fee is required for amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$140.00</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>											
 _____ Signature			Dated: January 8, 2004								
Joel T. Charlton Registration No. 52,721 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> I certify that this document and fee is being deposited on January 8, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Sonia Mancini VIA FACSIMILE Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>			I certify that this document and fee is being deposited on January 8, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		 Signature of Person Mailing Correspondence		Sonia Mancini VIA FACSIMILE Typed or Printed Name of Person Mailing Correspondence	
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Sonia Mancini VIA FACSIMILE Typed or Printed Name of Person Mailing Correspondence											
CC:											

DP-302920

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Owen Bailey, et al.)
Serial No.: 09/927,718) Group Art Unit: 1743
Filed: August 10, 2001)
For: DIAGNOSTIC SYSTEM) Examiner: A. Soderquist
FOR MONITORING)
CATALYST PERFORMANCE)

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VIA FACSIMILE: (703) 872-9306
Commissioner for Patents
Alexandria, VA 22313

AMENDMENT

Sir:

This amendment is submitted in response to the Office Action dated October 8, 2003.
Please amend the Application as follows: